02/20/2009 09:27

Image# 29932228966

### **FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2009 0 1 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 02 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Health Care Association Political Action Committee <sup>®</sup> D " D 0 1 0 1 2009 0 1 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 121831.57 January 1 (b) Cash on Hand at 121831.57 Begining of Reporting Period ..... 111328.65 111328.65 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 233160.22 233160.22 6(a) and 6(c) for Column B) ..... 33794.57 33794.57 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 199365.65 199365.65 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 м N 0 1 м м 0 1 3<sup>D</sup>1 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 102525.00 102525.00 (i) Itemized (use Schedule A) .......... 5803.65 5803.65 (ii) Unitemized ..... (iii) TOTAL (add 108328.65 108328.65 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 3000.00 3000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 111328.65 111328.65 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 111328.65 111328.65 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 111328.65 111328.65 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 674.57 674.57 Expenditures..... (c) Total Operating Expenditures 674.57 674.57 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 33120.00 33120.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 33794.57 33794.57 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 33794.57 33794.57 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	111328.65	111328.65
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	111328.65	111328.65
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	674.57	674.57
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	674.57	674.57

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Gary Attman			Date of Receipt
Mailing Address 8028 Ritchie Highway Suite 118			0 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: C608337
Pasadena	MD	21122-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer FutureCare Health & Mgmt.	Occupation President		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)  Mark Ballif			Date of Receipt
Mailing Address 100 E San Marcos Blvd Suite 200			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C610474
San Marcos	CA	92069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Plum Healthcare Group	Occupation Executive	n e Assistant	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)  Dee Bangerter			Date of Receipt
Mailing Address 5250 Commerce Drive Suite 310			01 23 7 2009
City	State	Zip Code	Transaction ID: C610443
Salt Lake City	UT	84107-5390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Rocky Mountain Healthcare	Occupation Owner &		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(,</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/39   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) John Barber			Date of Receipt
Mailing Address PO Box 3347			0 1 2 9 2 0 0 9
City Spartanburg	State SC	Zip Code 29304-3347	Transaction ID: C610489
FEC ID number of contributing federal political committee.	C	29304-3347	Amount of Each Receipt this Period  1250.00
Name of Employer White Oak Manor	Occupation	n e VP/CFO	
Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Brad Bedell			Date of Receipt
Mailing Address PO Box 1210 731 North Main			01 30 7 2009
City Sikeston	State MO	Zip Code 63801-1210	Transaction ID: C614262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	000011210	1250.00
Name of Employer Health Facilities Managem- ent	Occupation Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Don C. Bedell			Date of Receipt
Mailing Address 731 North Main Stre PO Box 1210	eet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sikeston	State MO	Zip Code 63801	Transaction ID: C614263  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Castle Partners	Occupation Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional			3750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Bobby Beebe			Date of Receipt
	Mailing Address 763 Avery Boulevard I		7: 0 !	01 26 2009
	City <u>Ridgeland</u>	State MS	Zip Code 39157-5218	Transaction ID: C610469
	FEC ID number of contributing federal political committee.	C	39137-3210	Amount of Each Receipt this Period  3000.00
	Name of Employer Magnolia Management Corpo- ration	Occupatio Vice Pres		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	Full Name (Last, First, Middle Initial) Elton Beebe, Jr.  Mailing Address 1308 Bruton Springs F	Road		Date of Receipt
				01 22 2009
	City Austin	State TX	Zip Code 78733	Transaction ID: C610440
	FEC ID number of contributing federal political committee.	C	70700	Amount of Each Receipt this Period
	Name of Employer Louisiana Extended Care Centers	Occupatio Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Elton Beebe			Date of Receipt
	Mailing Address PO Box 6015			01 30 7 9 9
	City	State	Zip Code	Transaction ID: C614307
	Ridgeland FEC ID number of contributing federal political committee.	MS C	39158-6015	Amount of Each Receipt this Period 5000.00
	Name of Employer Magnolia Management Corp	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
Γ <sub>2</sub>	SUBTOTAL of Receipts This Page (optional)			9250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and addi	not be sold or used by any personant by any personant be sold or used by any personant by any pe	
American Health Care Association Po	litical Action (	Committee	
Full Name (Last, First, Middle Initial) Patricia J. Benesh			Date of Receipt
Mailing Address 916 Tyler Drive			01 20 2009
City	State	Zip Code	Transaction ID: C608387
Williamsburg	VA	23185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Golden Living	Occupation Safety & L	oss Control Manager	
Receipt For:	<del> </del>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Roger Bernier	1		Date of Receipt
Mailing Address 316 South Avenue			01 29 2009
City	State	Zip Code	Transaction ID: C610534
Fanwood	NJ	07023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Chelsea Senior Living	Occupation President		
Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Jim Birchem	<u> </u>		Date of Receipt
Mailing Address 920 4th Street, SE			01 30 7 9 9 9
City	State	Zip Code	Transaction ID: C647079
Little Falls	MN	56345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Eldercare of Minnesota	Occupation President/		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			825.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one)    X
Any information copied from such Reports at our for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American rieann Care Association	Folitical Action Committee	
Full Name (Last, First, Middle Initial) Linda Black-Kurek		Date of Receipt
Mailing Address 7445 Liberty Wood	s Lane	01 30 2009
City	State Zip Code	Transaction ID: C647075
<u>Dayton</u>	OH 45459-3911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer LBK Healthcare, Inc.	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Timothy J Boyle	<b>I</b>	Date of Receipt
Mailing Address 4412 Applewood A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C614264
Sioux City	IA 51106-3602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Care Center Mgmt Co	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Douglas Burr		Date of Receipt
Mailing Address 1185 Wilde Run Co	ourt	01 29 2009
City	State Zip Code	Transaction ID: C610542
Roswell	GA 30075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cypress Administrative Se- rvices, LLC	Occupation VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 39 (check only one)    X
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to	on for the purpose of soliciting contributions
American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Steven E. Chies  Mailing Address 8624 Mississipp	oi Blvd NW	Date of Receipt  0 1 3 0 2 0 0 9
City Coon Rapids	State Zip Code MN 55433-5968	Transaction ID: C614266  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Benedictine Health System- Cambridge Receipt For:  Primary General Other (specify) ▼	Occupation VP, Long Term Care Services  Aggregate Year-to-Date ▼  1250.00	
Full Name (Last, First, Middle Initial) Cliff Coldren Mailing Address 1950 Cliffside D	Prive	Date of Receipt  0 1 2 9 2 0 0 9
City	State Zip Code	Transaction ID: C610530
State College	PA 16801-7662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Brookline	Occupation Developer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gerald Cox		Date of Receipt
Mailing Address PO Box 7728		01 20 2009
City	State Zip Code	Transaction ID: C608375
Rocky Mount  FEC ID number of contributing federal political committee.	NC 27804-0728	Amount of Each Receipt this Period  2500.00
Name of Employer Autumn Corp	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (op	tional)	4250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/39   (check only one)     X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Michael D'Arcangelo			Date of Receipt
Mailing Address 200 Dryden Road Suite 2000			01 20 7 2009
City Dresher	State PA	Zip Code 19025	Transaction ID: C608379  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Complete Healthcare Resou- rces	Occupatio Senior E	n xecutive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Bernard Dana	 		Date of Receipt
Mailing Address 1402 W Nettleton (	01 22 2009		
City Springfield	State MO	Zip Code 65810	Transaction ID: C610429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Vetter Health Services	Occupatio Executive		
Receipt For:  Primary General  Other (specify) ▼	·	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Joseph Donchess			Date of Receipt
Mailing Address Louisiana Nursing 7844 Office Park B	Home Associati oulevard	on	01 23 2009
City Baton Rouge	State LA	Zip Code 70809-7603	Transaction ID: C610447  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70007000	250.00
Name of Employer Louisiana Nursing Home As- sociation	<del>'</del>	e Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1800.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 39 (check only one)    X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association P	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Anthony Durante			Date of Receipt
	Mailing Address 26 North Broadway			01 06 2009
	City	State	Zip Code	Transaction ID: C604572
	Schenectady	NY	12305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer DMN Management Services	Occupation Executive		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		625.00	
. —	Full Name (Last, First, Middle Initial) Fonda Elliot	Date of Receipt		
	Mailing Address 240 Capitol St Ste 500			01 30 2009
	City Charleston	State WV	Zip Code	Transaction ID: C647081
	FEC ID number of contributing federal political committee.	C	25301-2297	Amount of Each Receipt this Period 5000.00
	Name of Employer AMFM, Inc.	Occupatio Owner	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial) John Elliot	Date of Receipt		
	Mailing Address 240 Capitol Street Suite 500			01 30 2009
	Charlester	State	Zip Code	Transaction ID: C647080
	Charleston  FEC ID number of contributing federal political committee.	C	25301-2297	Amount of Each Receipt this Period 5000.00
	Name of Employer AMFM Inc	Occupatio CEO	n	
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify) ▼		5000.00	1
				10625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) James Gomez		Date of Receipt
Mailing Address 2201 K Street	7.0.4	01 30 2009
City <u>Sacramento</u>	State Zip Code CA 95816-4922	Transaction ID: C614267  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33010 4022	250.00
Name of Employer CA Association of Health Facilities	Occupation President	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Don Gormly		Date of Receipt
Mailing Address 1685 Shaffer Rd		0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C614268
Atwater	CA 95301-4456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1250.00
Name of Employer Anberry Rehab Hosp	Occupation Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Don Greiner		Date of Receipt
Mailing Address 4350 Will Rogers Ph Ste 350	xwy	01 29 YYYY 2009
City Oklahoma City	State Zip Code OK 73108-1857	Transaction ID: C610713
Oklahoma City  FEC ID number of contributing federal political committee.	OK 73108-1857	Amount of Each Receipt this Period 5000.00
Name of Employer Grace Living Centers	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional		6500.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (I		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 39 (check only one)    X
or for commercial purpos  NAME OF COMMITT	es, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Howard Groff Mailing Address 90  City	•	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bloomington FEC ID number of collegeral political comm		55431-2225	Amount of Each Receipt this Period 1250.00
Name of Employer Tealwood Care Center Receipt For: Primary Other (specify)	Aggreg General		
#1	Norcross Street		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roswell FEC ID number of confederal political comm		Zip Code 30075	Transaction ID: C608393  Amount of Each Receipt this Period  500.00
Name of Employer Sterling Healthcare  Receipt For: Primary Other (specify)	General		
Full Name (Last, First Hebert Heflich Mailing Address 85	Middle Initial)  7 Vosseller Avenue		Date of Receipt  0 1 2 9 2 0 0 9
City  Martinsville  FEC ID number of co	State NJ ntributing	Zip Code 08836-2387	Transaction ID: C610521  Amount of Each Receipt this Period  500.00
Name of Employer Long Term Care Mgt			
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts	This Page (optional)	<b>)</b>	2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Douglas Johnson  Mailing Address 1501 42nd Street Suite 230  City  West Des Moines  FEC ID number of contributing federal political committee.  Name of Employer Hawkeye Care Centers, Inc.  Receipt For: Primary General Other (specify)	State IA  C  Occupation Presiden  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Samuel Kaplan  Mailing Address  5500 Wells Fargo Cer 90 South Seventh St  City  Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Tealwood Care Centers  Receipt For: Primary General Other (specify)	State MN C Occupation Attorney		Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 1 2 6 2 0 0 9  Transaction ID: C610472  Amount of Each Receipt this Period  500.00
_ С.	Full Name (Last, First, Middle Initial) Richard Kase  Mailing Address 5125 Pine Rocklands  City Lithia  FEC ID number of contributing federal political committee.  Name of Employer Cypress Healthcare  Receipt For: Primary General Other (specify)	State FL  C  Occupation Presiden		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association F	d Statements may not be sold or used by any personant the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francis P. Kirley  Mailing Address 6937 Warfield Aven	ue	Date of Receipt
City Sykesville FEC ID number of contributing	State Zip Code MD 21784-7454	Transaction ID: C608373  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)	Occupation President & CEO  Aggregate Year-to-Date   5000.00	5000.00
Full Name (Last, First, Middle Initial) Marian Kirley Mailing Address 6937 Warfield Aven		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sykesville FEC ID number of contributing federal political committee.	State Zip Code MD 21784	Transaction ID: C614359  Amount of Each Receipt this Period  5000.00
Name of Employer Nexion  Receipt For:  Primary General  Other (specify) ▼	Occupation Owner  Aggregate Year-to-Date   5000.00	
Full Name (Last, First, Middle Initial) Edward L. Kuntz  Mailing Address 680 S 4th St		Date of Receipt
City  Louisville  FEC ID number of contributing federal political committee.	State Zip Code KY 40202-2407	Transaction ID: C610466  Amount of Each Receipt this Period  250.00
Name of Employer Kindred Healthcare  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Chairman, CEO & President  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	)	10250.00

# SCHEDULE A (FEC Form 3X)

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one)    X   11a
or for comme	ion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) an Health Care Association Pol	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name Peter J. Li Mailing Ac		State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
<u>Dresher</u> FEC ID n	umber of contributing olitical committee.	PA	19025	Amount of Each Receipt this Period  1250.00
rces Receipt F	Employer Healthcare Resou- or: nary General er (specify)		t/ Chief Executive Officer Year-to-Date ▼ 1250.00	
Full Name Patrick Ma				Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ctady umber of contributing olitical committee.	State NY	Zip Code 12305-1932	Transaction ID: C604573  Amount of Each Receipt this Period  625.00
Inc. Receipt F	Nursing Centre		n rator and CEO Year-to-Date ▼ 625.00	
Full Name Michael M Mailing A				Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	umber of contributing	State SC	Zip Code 29640-9088	Transaction ID: C614271  Amount of Each Receipt this Period  1250.00
Name of I Health Ma es	anagement Resourc-	Occupatio Presiden	t	
	or: nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 1250.00	]
SUBTOTAL	of Receipts This Page (optional)			3125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 19 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Association Pe	olitical Action Com	mittee	
Full Name (Last, First, Middle Initial)  Rick Mendlen			Date of Receipt
Mailing Address 1810 Gillespie Ways Suite 212			01 30 7 2009
City <u>El Caj</u> on		ip Code 2020-0921	Transaction ID: C614272  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2020 0021	500.00
Name of Employer Kennon S. Shea & Associat- es	Occupation Consultant		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Richard Miller  Mailing Address 3611 Glenfield Ct			Date of Receipt
City	State Z	ip Code	0 1 3 0 2 0 0 9  Transaction ID: C614273
<u>Louisville</u>		10241-2513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0 0 0	250.00
Name of Employer Golden Ventures	Occupation Consultant		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  V. Richard Miller			Date of Receipt
Mailing Address 3594 East US Highwa	ay 30		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ïp Code	Transaction ID: C614274
Warsaw FEC ID number of contributing federal political committee.	IN 4	6580-6720	Amount of Each Receipt this Period  1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CFO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Van Moore			Date of Receipt
Mailing Address 3155 River Rd S Ste 100			01 15 7 9 9
City	State	Zip Code	Transaction ID: C608277
Salem	OR	97302-9819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Westcare Management, Inc.	Occupation Senior V	n ice President	
Receipt For:		Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	5000.00	
Full Name (Last, First, Middle Initial) Michael Morton			Date of Receipt
Mailing Address 415 Rogers Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C610462
Fort Smith	AR	72901-1903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Central Arkansas Nursing Centers	Occupation Owner	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Michael A Newton			Date of Receipt
Mailing Address 1430 Progress Way Ste 108			01 30 7 9 9
City	State	Zip Code	Transaction ID: C647076
<u>Eldersburg</u>	MD	21784-6484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Nexion Health	Occupation Director	n of Human Resources	
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			6750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy F Nicholson Mailing Address 304 Gilbert Road			Date of Receipt
City Dillsburg	State PA	Zip Code 17019-9511	Transaction ID: C610448  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Lyric Health Care	C	n	1250.00
Receipt For:  Primary  General  Other (specify)	Presiden Aggregate	t & CEO e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Tony E Oglesby  Mailing Address PO Box 350	<b>'</b>		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C614275
Benton	TN	37307-0350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer SavaSenior Care	Occupatio Presiden	t & CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Rich Pell	1		Date of Receipt
Mailing Address 21 Greystone Drive	)		01 26 2009
Charles	State	Zip Code	Transaction ID: C610471
Shepherdstown  FEC ID number of contributing federal political committee.	C	25443-4075	Amount of Each Receipt this Period  250.00
Name of Employer Genesis	Occupatio SR VP	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	fo D	se separate schedule(s) r each category of the etailed Summary Page be sold or used by any perso	FOR LINE NUMBER: PAGE 22 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16 11  on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association			solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Perry Mailing Address Nevada Health Car			Date of Receipt  0 1 3 0 2 0 0 9
4550 West Oakey City		Zip Code	Transaction ID: C614276
Las Vegas		89102-1599	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00.02.1000	1250.00
Name of Employer Nevada Health Care Assn.	Occupation Executive Direction	ector	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Teddy Rae Price			Date of Receipt
Mailing Address PO Box 1438			01 30 7 2009
City		Zip Code	Transaction ID: C614354
Winnfield	LA	71483-1438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Central Management Company	Occupation President & C	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr.			Date of Receipt
Mailing Address UHS-Pruitt Corpora 1626 Jeurgens Cot	urt		01 30 7 9 9
City Norcross	State GA	Zip Code 30093	Transaction ID: C614277  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer UHS-Pruitt Corporation, Inc.	Occupation President & C	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (options	al)	······	3750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 39 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sally Rapp Mailing Address 3308 Ocean Bld Suite 280			Date of Receipt  0 1 2 9 2 0 0 9
City Corona Del Mar  FEC ID number of contributing federal political committee.	State CA	Zip Code 92625	Transaction ID: C610488  Amount of Each Receipt this Period  1250.00
Name of Employer SR Management Svcs. Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupatio CEO Aggregate	Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Thomas G. Rau  Mailing Address Nexcare Health Sys PO Box 2215  City	stems, Inc.	Zip Code	Date of Receipt    M   M   29   2009    Transaction ID: C610714
Brighton  FEC ID number of contributing federal political committee.  Name of Employer	MI C Occupatio	48116	Amount of Each Receipt this Period  1250.00
Name of Employer Nexcare Health Systems, Inc.  Receipt For:  Primary  General  Other (specify) ▼	Owner	Year-to-Date ▼ 1250.00	]
Full Name (Last, First, Middle Initial) Joan Reidy Mailing Address Avon Oaks Caring	Community		Date of Receipt
37800 French Cree City Avon FEC ID number of contributing	State OH	Zip Code 44011	Transaction ID: C610478  Amount of Each Receipt this Period  1000.00
federal political committee.  Name of Employer Avon Oaks Caring Community	Occupatio	n dministrator	
Receipt For:  Primary  General  Other (specify)    ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	the name and address of any political co	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen Reissman Mailing Address 5120 W Goldleaf C	ircle	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 400 City Los Angeles FEC ID number of contributing federal political committee.	State Zip Code CA 90056-1297	Transaction ID: C647078  Amount of Each Receipt this Period  1250.00
Name of Employer Country Villa Health Services Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President/CEO  Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) Jolene Roberts  Mailing Address 1702 Hillcrest Drive	<u> </u>	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C614489
Bellevue  FEC ID number of contributing federal political committee.	NE 68005-3652	Amount of Each Receipt this Period  1000.00
Name of Employer Hillcrest	Occupation Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Frank Romano		Date of Receipt
Mailing Address 57 Summer Street		01 30 7 7 7 7 7
City	State Zip Code	Transaction ID: C614278
Rowley FEC ID number of contributing federal political committee.	MA 01969-1835	Amount of Each Receipt this Period  1250.00
Name of Employer Essex Group	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (optional	l)	3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 39 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Leonard Russ Mailing Address 40 Keogh Lane  City New Rochelle  FEC ID number of contributing federal political committee.  Name of Employer Bayberry Nursing Home	State NY C		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Administ Aggregate	rator e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Joseph William Sadler  Mailing Address 3049 South Sherwood Suite 250  City  Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Magnolia Ancillary Services Receipt For:  Primary General Other (specify)	State LA  C  Occupatio Regional	Zip Code 70816	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Jesse Samples  Mailing Address 110 Association Dr  City  Charleston  FEC ID number of contributing federal political committee.  Name of Employer West Virginia Health Care Association  Receipt For:  Primary General  Other (specify)	State WV  C  Occupatio CEO  Aggregate	Zip Code 25311-1217 n • Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 39 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	nd Statements may not be sold or used by any pe the name and address of any political committee Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee Samson  Mailing Address 9200 Sunset Boule Suite 1100	vard	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Hollywood FEC ID number of contributing	State Zip Code CA 90069	Transaction ID: C614292  Amount of Each Receipt this Period
federal political committee.  Name of Employer SNF Management/ Windsor  Receipt For:	Occupation President/ CEO  Aggregate Year-to-Date	1250.00
Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	1250.00	
Terry Schmoyer, Jr.CPA, Pr  Mailing Address 1330 Lady St Ste 507		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C608390
Columbia  FEC ID number of contributing federal political committee.	SC 29201-3300	Amount of Each Receipt this Period  250.00
Name of Employer Schmoyer & Co. ,LLC	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gerald Schroer, Jr.	1	Date of Receipt
Mailing Address 7235 Whipple Ave	NW	01 29 2009
City	State Zip Code	Transaction ID: C610487
North Canton  FEC ID number of contributing federal political committee.	OH 44720-7137	Amount of Each Receipt this Period 500.00
Name of Employer Altercare	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ı al)	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)		y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
American Health Care Association Full Name (Last, First, Middle Initial)	Political Action Committee	
Linda Sechovec  Mailing Address New Mexico Health 2329 Wisconsin Str		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C610430
Albuquerque	NM 87110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New Mexico Health Care As-	Occupation Executive Director	
sociation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.0	00 "
Full Name (Last, First, Middle Initial) Louis Serra		Date of Receipt
Mailing Address 2525 Pennsylvania	Ave	01 23 7 9 9
City	State Zip Code	Transaction ID: C610451
Weirton	WV 26062-3634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Weirton Geriatric Center	Occupation Owner/Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.0	00 "
Full Name (Last, First, Middle Initial) Robert Siebel		Date of Receipt
Mailing Address 13185 W Great Mo	untain Drive	01 29 2009
City	State Zip Code	Transaction ID: C610710
Lakewood	CO 80228-3512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carriage Healthcare Compa- nies, Inc.	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.0	00
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Steve Smith Mailing Address One N Capitol Ste	e 1115	Date of Receipt  0 1 2 1 2 0 0 9
City Indianapolis	State Zip Code IN 46204-2276	Transaction ID: C608801  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Indiana Health Care Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) David Stallard  Mailing Address 1305 West Cause #212	eway Approach	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C614294
Mandeville	LA 70471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Covington Suites	Occupation Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dixie Taylor-Huff		Date of Receipt
Mailing Address 932 East Baddou	r Parkway	01 30 7 9
City	State Zip Code	Transaction ID: C614295
Lebanon FEC ID number of contributing federal political committee.	TN 37087-3707	Amount of Each Receipt this Period
Name of Employer Quality Care Health Center	Occupation Administrator/Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (option		3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 39 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Travis Tomlinson		Date of Receipt
Mailing Address 513 East Whitaker N		01 21 2009
City	State Zip Code	Transaction ID: C608802
Raleigh  FEC ID number of contributing federal political committee.	NC 27608-2633	Amount of Each Receipt this Period 500.00
Name of Employer Mayview Conv Home Inc	Occupation	_
Receipt For:	Administrator	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Michael Torgan		Date of Receipt
Mailing Address 5120 West Goldleaf Suite 400		01 30 4 9 9
City	State Zip Code	Transaction ID: C614296
Los Angeles	CA 90056-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Country Villa Health Serv- ices	Occupation Vice President, Customer Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Jerry R. Tretwold		Date of Receipt
Mailing Address PO Box 829		0 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C614355
Brewster	WA 98812-0829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harmony House Health Care Center	Occupation Owner/ Administrator	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 39 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) James Unverferth			Date of Receipt
	Mailing Address 1100 Shawnee Road	Ctata	7in Oada	01 29 2009
	City Lima	State OH	Zip Code 45805-3583	Transaction ID: C610532  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43003 3303	1250.00
	Name of Employer HCF, Inc.	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1250.00	
— В.	Full Name (Last, First, Middle Initial) Robert Van Dyk			Date of Receipt
	Mailing Address 304 South Van Dien A	Avenue		01 20 7 2009
	City	State	Zip Code	Transaction ID: C608388
	Ridgewood FEC ID number of contributing federal political committee.	C	07450-5200	Amount of Each Receipt this Period 5000.00
	Name of Employer Van Dyk Health Care	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
— C.	Full Name (Last, First, Middle Initial) Glenn Van Ekeren			Date of Receipt
	Mailing Address Vetter Health Services 5020 South 118th Stre	eet		01 30 / 2009
	City Omaha	State NE	Zip Code 68137-2209	Transaction ID: C647077
	FEC ID number of contributing federal political committee.	C	00137-2209	Amount of Each Receipt this Period
	Name of Employer Vetter Health Services	Occupation Executiv		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
S	UBTOTAL of Receipts This Page (optional) .			7250.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 39 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to attion Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis W. Wheeler  Mailing Address PO Box 1545		Date of Receipt
City	State Zip Code	0 1 3 0 2 0 0 9 Transaction ID: C614297
Mount Pleasant	SC 29465-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Laurel Baye Healthcare	Occupation President/CEO	7
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Bill Williamson	I	Date of Receipt
Mailing Address 405 Sugar Mill	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C608376
Greer	SC 29650-3609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer HMR Advantage Health Syst- ems	Occupation VP and COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Bruce Yarwood		Date of Receipt
Mailing Address 200 P Street Apt F31		01 22 7 2009
City <u>Sacramento</u>	State Zip Code CA 95814-6259	Transaction ID: C608338  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer AHCA	Occupation CEO & President	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (or	otional)	2800.00

A.

## **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 32/39 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Alan Zuccari Date of Receipt Mailing Address 7712 Carlton Place 0.1 23 2009 City State Zip Code Transaction ID: C608389 Mclean VA 22102 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Hamilton Insurance Agency Occupation Insurance Representative Receipt For: Aggregate Year-to-Date Primary General 1250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number only)	<b>•</b>	102525.00

0	CHEDIII E A /EEC Earm 2V)			FOR	LINE	NH	MBER		PAGE	33 /	39	
			e separate schedule(s)	(check only one)								
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	4	11b 14	_	11c 15	12 16		7 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may not be and address	e sold or used by any perso of any political committee to	n for the solicit c	e purp ontrib	ose utio	of soli	citin n su	g contri ch com	butior mittee	ns e.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\rangle$	American Health Care Association Politica	l Action Com	mittee									
	Full Name (Last, First, Middle Initial) DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTI	NERS PAC)		Da	ate of	Red	ceipt					
	Mailing Address 6767 North Industrial Road	t		, (	и м О <b>1</b>	/	3 (			200		
	City	State Z	Zip Code	Tra	ansac	tio	n ID: (	C61	4364			
	Milwaukee	WI 5	53223	Ar	mount	of	Each F	Rece	ipt this	Perio	d	
	FEC ID number of contributing federal political committee.	<b>C</b> C00409	516		1				3	000.	00	
	Name of Employer	Occupation										
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 3000.00									

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	3000.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separat	e schedule(s)			OR LIN			l:		PA	AGE	34 /	39
ITEMIZED DISBURSEMENTS	for each cate Detailed Sur	egory of the mmary Page		X	neck or 21b 27		22 28a	$\frac{1}{2}$	3 8b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					person	for th	he pur	ose	of s	oliciting c		butions	
NAME OF COMMITTEE (In Full)  American Health Care Association Political	Action Com	nmittee											
Full Name (Last, First, Middle Initial) BB & T CREDIT CARD							Transa Date of	Disb		D7932		/ * V *	V
Mailing Address 2200 Wilson Blvd Ste 200							0 1		້3	1 ′	2	2 o ŏ s	)
•		Zip Code 22201-3324				_ /	Amoun	t of E	ach	Disburse	-	-	
Purpose of Disbursement CC Fees						П						219.8	0
Candidate Name			Cat T	teg yp	-								
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify	General y) ▼											
Full Name (Last, First, Middle Initial) BB & T							<b>Fransa</b> Date of		urse		56		
Mailing Address PO Box 819 Operations Center							0 1 M	/	□3	1 /	2	ó o ò s	) Y
		ip Code 27894-0819					Amoun	t of E	ach	Disburse	mer	nt this I	Period
Purpose of Disbursement Bank Fees				_							. 2	247.7	1
Candidate Name				teg yp	jory/ e								
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General y) ▼											
State: District: Full Name (Last, First, Middle Initial)						Т	ransa	ctior	ı ID:	D793	28		
BB & T 						] [	Date of			ement	ر ٠	2 0 ŏ s	Y
Mailing Address PO Box 819 Operations Center							0 1		3		- 2	2008	,
		Zip Code 27894-0819				_ /	Amoun	t of E	ach	Disburse			
Purpose of Disbursement Bank Fees						П		•				207.0	Ö
Candidate Name				teg yp	ory/ e								
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General y) ▼											
State: District:													
SUBTOTAL of Disbursements This Page (optional) .											6	74.5	7

674.57

IT	•		arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMEN	<b>TS</b> for each	category of the Summary Page	(check only 21b 27	y one) 22   X   23   24   25   2 28a   28b   28c   29   3
	y Information copied from such Reports a for commercial purposes, other than usin				for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Health Care Association	<u> </u>		recommittee to so	ion contributions from such committee
<b>/</b>	Full Name (Last, First, Middle Initial) MODERATE DEMOCRATS PAC				<b>Transaction ID:</b> D75175 Date of Disbursement
	Mailing Address 426 C STREET	NE			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs/ Commit	tees			5000.00
	Candidate Name MODERATE DEMOCRATS PAC  Office Sought: House	Disbursement For:	2010	Category/ Type	
	Senate President	Primary  X Other (specific points)	General ecify)		
	State: District:  Full Name (Last, First, Middle Initial)  CANTOR FOR CONGRESS	ZOOS CONTIDULIO	11		Transaction ID: D76314 Date of Disbursement
	Mailing Address P. O. Box 17813	3			$\begin{bmatrix}\begin{smallmatrix}M\\01\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}M\\28\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}Y\\2009\end{smallmatrix}$
	City Richmond	State VA	Zip Code 23226		Amount of Each Disbursement this Period
					1000.00
	Purpose of Disbursement Contributions to Federal Candidates				
	•			Category/ Type	
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  X House Senate President	Disbursement For:  X Primary Other (spe	2010 General		
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought: X House Senate	X Primary Other (spe	General		Transaction ID: D76311 Date of Disbursement
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  X House Senate President  State: VA District: 07  Full Name (Last, First, Middle Initial)	X Primary Other (spe	General		
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  X House Senate President  State: VA District: 07  Full Name (Last, First, Middle Initial)  RADANOVICH FOR CONGRESS	X Primary Other (spe	General		Date of Disbursement  M 1
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  Senate President  State: VA  District: 07  Full Name (Last, First, Middle Initial)  RADANOVICH FOR CONGRESS  Mailing Address  Oity  RANCHO STA MRGRITA  Purpose of Disbursement Contributions to Federal Candidates	Other (spe	General ecify) ▼  Zip Code	Type	Date of Disbursement  O 1
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  X House Senate President State: VA District: 07  Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS  Mailing Address 30151 TOMAS  City RANCHO STA MRGRITA  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. George P. Radanovich	X Primary Other (spe	General ecify)   Zip Code 92688		Date of Disbursement  M 1
	Contributions to Federal Candidates  Candidate Name Rep. Eric I. Cantor  Office Sought:  Senate President  State: VA  District: 07  Full Name (Last, First, Middle Initial)  RADANOVICH FOR CONGRESS  Mailing Address  Oity  RANCHO STA MRGRITA  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name	Other (spe	General ecify)   Zip Code 92688  2010  General	Type  Category/	Date of Disbursement  M 1

# SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule		lv one)
	for each category of the Detailed Summary Page	;   — r	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Health Care Association Poli	tical Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE			Transaction ID: D76309 Date of Disbursement
Mailing Address P.O. Box 865			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Brooksville	State Zip Code FL 34605		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			3000.00
Candidate Name Rep. Ginny Brown-Waite		Category/ Type	
Office Sought:    X   House   District:   Senate   President     State: FL   District: 05	ursement For: 2010  X Primary Genera  Other (specify) ▼	al	
Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS CO	MMITTEE		Transaction ID: D76313 Date of Disbursement
Mailing Address POST OFFICE BOX	10986		$\begin{bmatrix} 0 & 1 & M & 1 & M & 1 & M & M & M & M & M$
City ROCK HILL	State Zip Code SC 29731		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Contributions to Federal Candidates			
		Category/ Type	
Contributions to Federal Candidates  Candidate Name  Rep. John M. Spratt, Jr.	ursement For: 2010  X Primary General Other (specify)	Туре	
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought:  X House Senate President  Disb	X Primary General Other (specify) ▼	Туре	Transaction ID: D76280 Date of Disbursement
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President State: SC District: 05  Full Name (Last, First, Middle Initial)	X Primary General Other (specify) ▼	Туре	
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President State: SC District: 05  Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS	X Primary General Other (specify) ▼	Туре	Date of Disbursement  O 1
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President State: SC District: 05  Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS  Mailing Address P.O. Box 12667  City	X Primary General Other (specify) ▼  State Zip Code	Туре	Date of Disbursement  O 1
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President State: SC District: 05  Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS  Mailing Address P.O. Box 12667  City Bakersfield  Purpose of Disbursement	X Primary General Other (specify) ▼  State Zip Code	Туре	Date of Disbursement  O 1 D 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contributions to Federal Candidates  Candidate Name Rep. John M. Spratt, Jr.  Office Sought:  X House Senate President State: SC District: 05  Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS  Mailing Address P.O. Box 12667  City Bakersfield  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Kevin McCarthy	X Primary General Other (specify) ▼  State Zip Code	Category/ Type	Date of Disbursement  O 1 D 2 3 Y 2 0 0 9  Amount of Each Disbursement this Period

for each category of the Detailed Summary Page for each category of the Detailed Summary Page [Clieck Gilly Gile]	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 37/39
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS  Mailing Address PO Box 5743  City Austin TX 78763-5743  Purpose of Disbursement Contributions to Federal Candidates  Gandidate Name Rep. Lloyd Doggett  City Utica NY 13505  Milling Address P.O. Box 8508  City Utica NY 13505  Milling Address P.O. Box 8508  City Utica NY 13505  Milling Address P.O. Box 8508  City Utica NY 13505  Milling Address P.O. Box 8508  City Utica NY District: 24  Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City Utica NY District: 24  Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS  Mailing Address 5435 Maclison Avenue  City Sacramento City State: NY District: 24  Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS  Mailing Address 5435 Maclison Avenue  City Sacramento City Sacramento City Sacramento City Sacramento City Sacramento City Sitate: NY District: 24  Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period  Transaction ID: D76315 Date of Disbursement  Office Sought: X House NY Primary General  Other (specify) ▼  Transaction ID: D76315 Date of Disbursement  Office Sought: X Primary General  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House President Sister: Zip Code CA 95841  Category/ Type  Office Sought: X House President Sister: Zip Code CA 95841  Category/ Type  Office Sought: X House President Sister: Zip Code CA 95841  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Transaction ID: D76315 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specif	ITEMIZED DISBURSEMENTS	for each category of the	21b		
NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS  Mailing Address PO Box 5743  City Austin TX 78763-5743 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Libyof Doggett Office Sought: X House Senate President State: TX District: 25  Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City State: Ty District: 25  Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City State: Ty District: 25  Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City State: Ty District: 24  Full Name (Last, First, Middle Initial) MilkE THOMPSON FOR CONGRESS  Mailing Address Senate President State: NY District: 24  Full Name (Last, First, Middle Initial) MilkE THOMPSON FOR CONGRESS  Mailing Address  Mailing Address S435 Madison Avenue  City State: Ty City State: Zip Code Sacramento Other (specify) ▼  Transaction ID: D76315 Date of Disbursement District: 24  Full Name (Last, First, Middle Initial) MilkE THOMPSON FOR CONGRESS  Mailing Address  Mailing Address S435 Madison Avenue  City State: NY District: 24  Full Name (Last, First, Middle Initial) MilkE THOMPSON FOR CONGRESS  Mailing Address S435 Madison Avenue  City State: Vi District: 24  Full Name (Last, First, Middle Initial) MilkE THOMPSON FOR CONGRESS  Mailing Address S435 Madison Avenue  City Sacramento Category' Type  Office Sought: X House Senate President Senate President Sacramento Category' Type  Office Sought: X House Senate President Senate Senate Senate President Senate Senate Senate Senate Senate Senate Senate Senate					
Mailing Address PO Box 5743  City State Zip Code Austin TX 78763-5743  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Michael Arcuri  Contributions to Federal Candidates  Candidate Name Rep. Michael Arcuri  Office Sought: X House Disbursement For: 2010  Colty State Zip Code NY 13505  Purpose of Disbursement  Other (specify) ▼  Transaction ID: D76310  Date of Disbursement this Period NY 13505  Amount of Each Disbursement this Period NY 13505  Amount of Each Disbursement this Period NY 13505  Transaction ID: D76310  Date of Disbursement this Period NY 13505  Amount of Each Disbursement this Period NY 13505  Transaction ID: D76310  Date of Disbursement this Period NY 13505  Transaction ID: D76310  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement This Period NY 13505  Date of Disbursement this Period NY 13505  Transaction ID: D76315  Date of Disbursement This Period NY 13505  Date of Disbursement This Period NY 13505  Date of Disbursement This Period NY 13505  Transaction ID: D76315  Date of Disbursement This Period NY 13505  Date of Disbursement This Period NY 13505  Date of Disbursement This Period NY 13505  Transaction ID: D76315  Date of Disbursement This Period NY 13505  Date of Disbursement This Period NY	NAME OF COMMITTEE (In Full)				
City	, , , , , , , , , , , , , , , , , , , ,				
Austin TX 78763-5743  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Lloyd Doggett  Office Sought:	Mailing Address PO Box 5743			01 / 2	8 7 2009
Contributions to Federal Candidates Candidate Name Rep. Lloyd Doggett  Office Sought:	Austin			Amount of Each [	
Rep. Lloyd Doggett  Office Sought:	Contributions to Federal Candidates				2000.00
Senate President State: TX District: 25  Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City Utica State Zip Code NY 13505  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael Arcuri  Office Sought: X House Sacramento CA 95841  Purpose of Disbursement CONGRESS  Mailing Address 5435 Madison Avenue  City Utica NY 13505  Transaction ID: D76310 Date of Disbursement  Offi N	Rep. Lloyd Doggett	mont For: 2010			
Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508  City State Zip Code Utlica NY 13505  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael Arcuri  Office Sought: X House Senate President State: NY District: 24  Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS  Mailing Address 5435 Madison Avenue  City Sacramento CA 95841  Purpose of Disbursement CA 95841	Senate X President	Primary General			
City	Full Name (Last, First, Middle Initial)			Date of Disburser	nent
Utica NY 13505  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Michael Arcuri  Office Sought:	Mailing Address P.O. Box 8508			01 2	2009
Contributions to Federal Candidates  Candidate Name Rep. Michael Arcuri  Office Sought:				Amount of Each [	
Rep. Michael Arcuri  Office Sought:	Contributions to Federal Candidates				1000.00
Senate	Rep. Michael Arcuri		٠,		
Mike Thompson For Congress  Mailing Address 5435 Madison Avenue  City State Zip Code Sacramento CA 95841  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Mike Thompson  Office Sought: X House Senate President Senate President State: CA District: 01  Date of Disbursement D. Do 95  Date of Disbursement D. Do 95  Date of Disbursement D. Do 95  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Office Sought: X House Senate Other (specify) ▼  State: CA District: 01	Senate X President	Primary General			
City State Zip Code Sacramento CA 95841  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Mike Thompson  Office Sought: X House President President State: CA District: 01  State: CA District: 01  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Category/ Type	,			Date of Disburser	nent
Sacramento  CA 95841  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Mike Thompson  Office Sought:  X House President President State: CA  District: 01  CA 95841  5000.00  Category/ Type  Category/ Type  Category/ Type  Category/ Type	Mailing Address 5435 Madison Avenue			01 2	2009
Contributions to Federal Candidates  Candidate Name Rep. Mike Thompson  Office Sought:  X House Senate President President State: CA  District: 01  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Contributions to Federal Candidates  Category/ Type  Category/ Type  Contributions to Federal Candidates  Category/ Type  Contributions to Federal Candidates				Amount of Each [	
Rep. Mike Thompson  Office Sought:	Contributions to Federal Candidates				5000.00
Senate President State: CA  District: 01  X Primary General Other (specify) ▼					
2000.00	Senate X President	Primary General			
SUBTOTAL of Disbursements This Page (optional)	State: CA District: 01				
	SUBTOTAL of Disbursements This Page (optional)		<u>Þ</u>		8000.00

TEMIZED DISBURSEMENTS    for each categopy of the   Category   Ca	SCHEDULE B (FEC Form 3X)		e schedule(s)	FOR LINE I		39
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS  Malling Address PO BOX 2619  City State Zip Code AL 35804 Purpose of Disbursement Contributions to Federal Candidates Post of Full Name (Last, First, Middle Initial) State: AL District: OS Contrib for Debt Ret Full Name (Last, First, Middle Initial) HALL FOR CONGRESS Committree (RALPH HALL - ROCKWALL Mailing Address POST OFFICE BOX 711  City State Zip Code President State: AL District: OS Contrib for Debt Ret Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL Mailing Address POST OFFICE BOX 711  City State Zip Code TX 75087  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ralph M. Hall Office Sought: X House President State: TX District: O4  Full Name (Last, First, Middle Initial) State: TX District: O4  Category/ Type  Amount of Each Disbursement this Peric Category/ Type  Transaction ID: D76278 Date of Disbursement this Peric Category/ Type  Transaction ID: D76278 Date of Disbursement this Peric Category/ Type  Transaction ID: D76278 Date of Disbursement this Peric Category/ Type  Transaction ID: D76278 Date of Disbursement this Peric Category/ Type  Transaction ID: D76278 Date of Disbursement this Peric Category/ Type  Transaction ID: D76242 Date of Disbursement this Peric Category/ Type  Transaction ID: D76242 Date of Disbursement this Peric Office Sought: X House Senate President State Zip Code Charleston VY 25339  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelly Moore Capito Office Sought: X House Senate President Tor: 2010 X Primary General Category/ Type  Transaction ID: D76242 Date of Disbursement this Peric Office Sought: X House Senate President Type Category/ Type  Transaction ID: D76242 Date of Disbursement this Peric Office Sought: X House Senate President Type President Type Transaction ID: D76242 D76242 D76245 D76245 D76245 D76246 D76246	TEMIZED DISBURSEMENTS	Detailed Sum	nmary Page	21b 27 27	22 X 23 24 25 28a 28b 28c 29	
American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS  Malling Address PO BOX 2619  City State Zip Code AL 35804  Purpose of Disbursement Contributions to Federal Candidates - debt retirement Candidate Name Rep. Parker Kinddle Initial)  Malling Address POST OFFICE BOX 711  City State: AL District: 05  Contrib for Debt Ret  Transaction ID: D76301 Date of Disbursement Initial)  Amount of Each Disbursement this Peric  Category/ Type  Contrib for Debt Retireme  Transaction ID: D76301 Date of Disbursement this Peric  Category/ Type  Contrib for Debt Retireme  Contrib for Debt Retireme  Contrib for Debt Retireme  Transaction ID: D76278 Date of Disbursement  Contrib for Debt Retireme  Contrib for Debt Retireme  Transaction ID: D76278 Date of Disbursement  Contributions to Federal Candidates  Candidate Name Rep. Ralph M. Hall  Office Sought: X House Senate President  State: TX District: 04  Full Name (Last, First, Middle Initial)  Shell LEV MOORE CAPITO FOR CONGRESS  Malling Address P.O. Box 11519  City State Zip Code Charleston VY 25339  Purpose of Disbursement  Contributions to Federal Candidates  Candidate Name Rep. Shelly Moore Capito  Office Sought: X House Senate President  X House Senate President  X Primary Category/ Type  Amount of Each Disbursement Init Peric  Category/ Type  Amount of Each Disbursement This Peric  Category/ Type  Amount of Each Disbursement This Peric  Category/ Type  Other (specify) ▼  Category/ Type						
Mailing Address PO BOX 2619  City State Zip Code AL 35804  Purpose of Disbursement Contributions to Federal Candidates - debt retirement Contributions to Federal Candidate Name Rep. Parker Griffith  Office Sought: X House Senate President State: AL District: 05 Contrib for Debt Ret  Full Name (Last, First, Middle Initial) SheLLEY MOORE CAPITO FOR CONGRESS  Mailing Address POST OFFICE BOX 711  City State: TX District: 30 Category/ Type  City Senate President Contributions to Federal Candidates Candidates Candidates President State: TX District: 05 Category/ Type  City Senate President Category Type  Other (specify) ▼  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement Type  Category/ Type  Amount of Each Disbursement Type  Amount of Each Disbursement Type  Category/ Type  City State: Zip Code Charleston Wy 25339  Purpose of Disbursement Other (specify) ▼  City State Zip Code Charleston Wy 25339  City Charleston Wy 25339  Purpose of Disbursement Contributions to Federal Candidates Candidates Candidates Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Disbursement Contributions to Federal Candidates Ca	NAME OF COMMITTEE (In Full)			on milities to son	on contributions from such committee	
City					Date of Disbursement	_
HÜNTSVILLE  Purpose of Disbursement Contributions to Federal Candidates - debt retirement Candidate Name Rep. Parker Griffith  Office Sought:  X House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL  Mailing Address POST OFFICE BOX 711  City RockWALL TX T5087  Purpose of Disbursement Category/ Type  Category/ Type  Contrib for Debt Retireme  Transaction ID: D76278 Date of Disbursement Of 1 M / D 2 M / Y 2 0 0 9 Y  Amount of Each Disbursement Toothoributions to Federal Candidates Candidate Name Rep. Ralph M. Hall  Office Sought: X House President State: TX District: 04  Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City City State Types of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ralph Moore Capito  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelley Moore Capito  Office Sought: X House President Disbursement For: Category/ Type  City Category/ Type  Category/ Type  Amount of Each Disbursement  Office Sought: X Primary Category/ Type  Coategory/ Type  City Category/ Type  Contrib for Debt Retireme  Category/ Type  Amount of Each Disbursement  Office Sought: X Primary Category/ Type  Coategory/ Type  Contrib for Debt Retireme  Category/ Type  Coategory/ Type  Coategory/ Type  Coategory/ Type  Coategory/ Type  Coategory/ Type  Contrib for Debt Retireme  Category/ Type  Coategory/ Type	Mailing Address PO BOX 2619				01 26 7 2009	Y
Contributions to Federal Candidates - debt retirement Candidate Name Rep. Parker Griffith  Office Sought:						-
Rep. Parker Griffith  Office Sought: X House Senate Primary General X Other (specify) ▼ State: AL District: 05 Contrib for Debt Ret  Full Name (Last, First, Middle Initial)  HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL  Mailing Address POST OFFICE BOX 711  City State Zip Code Represent Contributions to Federal Candidates  Candidate Name Rep. Ralph M. Hall  Office Sought: X House President State: X Primary General Primary General Candidates  City State: TX District: 04  Full Name (Last, First, Middle Initial)  SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capit		nent			3000.00	)
Office Sought:						
Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL  Mailing Address POST OFFICE BOX 711  City State Zip Code TX 75087  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ralph M. Hall  Office Sought: X House President State: TX District: 04  Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code WV 25339  City Charleston State Zip Code WV 25339  City Charleston State Zip Code WV 25339  City Charleston Category/ Type  Office Sought: X House Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House State Zip Code WV 25339  City Category/ Type  Office Sought: X House State Zip Code WV 25339  City Category/ Type  Office Sought: X House State Zip Code Category/ Type  Office Sought: X House Senate President Senate Senate President Other (specify) Type  Office Sought: X Primary General Category/ Type	Senate	Primary	General		Contrib for Debt Retireme	
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL  Mailing Address POST OFFICE BOX 711  City State Zip Code TX 75087  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Ralph M. Hall  Office Sought: X House President State: TX District: 04  Full Name (Last, First, Middle Initial)  SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code WV 25339  City Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Category/ Type  City Charleston WV 25339  City Category/ Type  Office Sought: X House Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President  X Primary General Category/ Type  Office Sought: X House Senate President  X Primary General Category/ Type  Office Sought: X House Senate President  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Category/ Type		for Debt Ret				
City State Zip Code TX 75087  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Ralph M. Hall  Office Sought: X House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Cardidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President W 25300  Disbursement For: 2010  Category/ Type  Amount of Each Disbursement this Peric Category/ Type  Amount of Each Disbursement this Peric Category/ Type  Category/ Type  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼  Other (specify) ▼	,	ALPH HALL -	ROCKWALL		Date of Disbursement	
RÓCKWALL  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Ralph M. Hall  Office Sought: X House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President  X Primary General  Category/ Type  Amount of Each Disbursement this Peric Category/ Type  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X Primary General  Other (specify) ▼	Mailing Address POST OFFICE BOX 71	1			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2     3                             $	Y
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ralph M. Hall  Office Sought:					Amount of Each Disbursement this P	'eric
Candidate Name Rep. Ralph M. Hall  Office Sought:	Purpose of Disbursement			• •	1000.00	)
Office Sought:	Candidate Name					
Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President  Disbursement For: 2010  X Primary General Other (specify)  Other (specify)  Other (specify)	Office Sought: X House Disburse Senate X President	Primary	General	. 1,40		
SHELLEY MOORE CAPITO FOR CONGRESS  Mailing Address P.O. Box 11519  City State Zip Code Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President  Date of Disbursement   Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Office Sought: X House Senate President  Other (specify) ▼					Transaction ID: D76242	
Mailing Address P.O. Box 11519  City State Zip Code Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate President President Other (specify) ▼  Office Sought: X Primary General Other (specify) ▼	SHELLEY MOORE CAPITO FOR CONGR	RESS			Date of Disbursement	V
Charleston WV 25339  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought: X House Senate Senate President  President  WV 25339  5000.00  Category/ Type  Category/ Type  Other (specify) ▼	Mailing Address P.O. Box 11519				0 1 2 1 2 0 0 9	ij
Contributions to Federal Candidates  Candidate Name Rep. Shelley Moore Capito  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)					Amount of Each Disbursement this P	'eric
Rep. Shelley Moore Capito  Office Sought:  Senate President  Type  Type  Type  Type  Type			Ī		5000.00	)
Office Sought:  X House Senate President  Disbursement For: 2010 X Primary General Other (specify) ▼						
	Office Sought: X House Disburs	Primary	General	. 76-2		
		Other (checify)				

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule	(S)   (check onl	NUMBER: PAGE 39/39 v one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	21b 27	22 X 23 24 25 28a 28b 28c 29
any Information copied from such Reports and State of the report of the natural purposes, other than using the natural NAME OF COMMITTEE (In Full)  American Health Care Association Politic	ame and address of any politi		
Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONC	GRESS		Transaction ID: D76243 Date of Disbursement
Mailing Address P.O. Box 11519			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Shelley Moore Capito		Category/	1000.00
	rsement For: 2010 Primary X General Other (specify)	Type	
Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN			Transaction ID: D75243 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 871  City	State Zip Code		Amount of Each Disbursement this Perio
BIŚMARCK	ND 58502		
Purpose of Disbursement Contributions to Federal Candidates Candidate Name		Category/	2500.00
Sen. Byron L. Dorgan  Office Sought:  X Senate  President  State: ND  District: 00	rsement For: 2010  X Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial) CARPER FOR SENATE			Transaction ID: D76279 Date of Disbursement
Mailing Address 19 EAST COMMONS	BLVD SECOND FLOOR		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City NEW CASTLE	State Zip Code DE 19720		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			620.00
Candidate Name Sen. Thomas R. Carper		Category/ Type	
χ Senate President	x Primary General Other (specify)	al	
State: DE District: 00			I .
State: DE District: 00  SUBTOTAL of Disbursements This Page (optional			4120.00